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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 5077-000037

First Inventor Tsuyoshi Ichibakase, et al.

Title METHOD AND APPARATUS FOR CLEANING TRANSLUCENT  
TUBE FOR DISCHARGE LAMP, AND DISCHARGE LAMP

Express Mail Label No. EL 581 380 870 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 55]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 11]
5. Oath or Declaration [Total Pages]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS  
Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☒ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. \_\_\_\_ /

Prior application information: Examiner \_\_\_\_

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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| Signature         |                   | Date                              | May 9, 2001 |

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

## Complete if Known

|                      |                             |
|----------------------|-----------------------------|
| Application Number   | Not Yet Assigned            |
| Filing Date          | Herewith                    |
| First Named Inventor | Tsuyoshi Ichibakase, et al. |
| Examiner Name        | Not Yet Assigned            |
| Group / Art Unit     | Not Yet Assigned            |
| Attorney Docket No.  | 5077-000037                 |

TOTAL AMOUNT OF PAYMENT (\$ 710

| METHOD OF PAYMENT (check one)   |                       | FEE CALCULATION (continued)   |                 |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
|---|-----------------------|---|-----------------|------------------------|-----------------------|-----------------------|-----------------|----------|-----|-----------------------|--------|--------------------|-----|--------------------|-----|-----|-----|-------------------|-----|-----|-----|-----|-----|------------------|-------|-----|-------|-----|-----|--------------------|-----|------|-----|-----|--------|------------------------|--------|--|-----|-----|-----|----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-------|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-------|-----|-------|--|-----|-----|-----|----|--|-----|-------|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|----|-----|----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to<br>Deposit Account Number: 08-0750<br>Deposit Account Name: Harness, Dickey & Pierce, P.L.C.<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                       | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table> |                 | Fee Code               | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130                   | 205    | 65                 |     | 127                | 50  | 227 | 25  |                   | 139 | 130 | 139 | 130 |     | 147              | 2,520 | 147 | 2,520 |     | 112 | 920*               | 112 | 920* |     | 113 | 1,840* | 113                    | 1,840* |  | 115 | 110 | 215 | 55 |  | 116 | 390 | 216 | 195 |  | 117 | 890 | 217 | 445 |  | 118 | 1,390 | 218 | 695 |  | 128 | 1,890 | 228 | 945 |  | 119 | 310 | 219 | 155 |  | 120 | 310 | 220 | 155 |  | 121 | 270 | 221 | 135 |  | 138 | 1,510 | 138 | 1,510 |  | 140 | 110 | 240 | 55 |  | 141 | 1,240 | 241 | 620 |  | 142 | 1,240 | 242 | 620 |  | 143 | 440 | 243 | 220 |  | 144 | 600 | 244 | 300 |  | 122 | 130 | 122 | 130 |  | 123 | 130 | 123 | 130 |  | 126 | 180 | 126 | 180 |  | 581 | 40 | 581 | 40 |  | 146 | 710 | 246 | 355 |  | 149 | 710 | 249 | 355 |  | 179 | 710 | 279 | 355 |  | 169 | 900 | 169 | 900 |  |
| Fee Code  | Large Entity Fee (\$) | Small Entity Fee (\$)   | Fee Description | Fee Paid               |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 105   | 130                   | 205   | 65              |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 127   | 50                    | 227   | 25              |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 139   | 130                   | 139   | 130             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 147   | 2,520                 | 147   | 2,520           |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 112   | 920*                  | 112   | 920*            |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 113   | 1,840*                | 113   | 1,840*          |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 115   | 110                   | 215   | 55              |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 116   | 390                   | 216   | 195             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 117   | 890                   | 217   | 445             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 118   | 1,390                 | 218   | 695             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 128   | 1,890                 | 228   | 945             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 119   | 310                   | 219   | 155             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 120   | 310                   | 220   | 155             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 121   | 270                   | 221   | 135             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 138   | 1,510                 | 138   | 1,510           |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 140   | 110                   | 240   | 55              |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 141   | 1,240                 | 241   | 620             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 142   | 1,240                 | 242   | 620             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 143   | 440                   | 243   | 220             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 144   | 600                   | 244   | 300             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 122   | 130                   | 122   | 130             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 123   | 130                   | 123   | 130             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 126   | 180                   | 126   | 180             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 581   | 40                    | 581   | 40              |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 146   | 710                   | 246   | 355             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 149   | 710                   | 249   | 355             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 179   | 710                   | 279   | 355             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 169   | 900                   | 169   | 900             |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                       |   |                 |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <b>FEE CALCULATION</b><br>1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>710</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> SUBTOTAL (1) (\$ 710)  |                       | Large Fee Code  | Entity Fee (\$) | Small Fee Code         | Entity Fee (\$)       | Fee Description       | Fee Paid        | 101      | 710 | 201                   | 355    | Utility filing fee | 710 | 106                | 320 | 206 | 160 | Design filing fee |     | 107 | 490 | 207 | 245 | Plant filing fee |       | 108 | 710   | 208 | 355 | Reissue filing fee |     | 114  | 150 | 214 | 75     | Provisional filing fee |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Large Fee Code  | Entity Fee (\$)       | Small Fee Code  | Entity Fee (\$) | Fee Description        | Fee Paid              |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 101   | 710                   | 201   | 355             | Utility filing fee     | 710                   |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 106   | 320                   | 206   | 160             | Design filing fee      |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 107   | 490                   | 207   | 245             | Plant filing fee       |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 108   | 710                   | 208   | 355             | Reissue filing fee     |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 114   | 150                   | 214   | 75              | Provisional filing fee |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>-20 = 0</td> <td>18</td> <td>0</td> </tr> <tr> <td>Independent Claims: 3</td> <td>-3 = 0</td> <td>80</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>0</td> </tr> </tbody> </table> Large Fee Code: 103, 102, 104, 109, 110<br>Entity Fee (\$): 18, 80, 270, 80, 18<br>Small Fee Code: 203, 202, 204, 209, 210<br>Entity Fee (\$): 9, 40, 135, 40, 9<br>Fee Description: Claims in excess of 20, Independent claims in excess of 3, Multiple dependent claim, if not paid, ** Reissue independent claims over original patent, ** Reissue claims in excess of 20 and over original patent<br>SUBTOTAL (2) (\$ 0) |                       | Total Claims  | Extra Claims    | Fee from below         | Fee Paid              | 20                    | -20 = 0         | 18       | 0   | Independent Claims: 3 | -3 = 0 | 80                 | 0   | Multiple Dependent |     |     | 0   |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Total Claims  | Extra Claims          | Fee from below  | Fee Paid        |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 20  | -20 = 0               | 18  | 0               |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Independent Claims: 3   | -3 = 0                | 80  | 0               |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Multiple Dependent  |                       |   | 0               |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| *or number previously paid, if greater, For Reissues, see above   |                       | Other fee (specify)<br>*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 0)  |                 |                        |                       |                       |                 |          |     |                       |        |                    |     |                    |     |     |     |                   |     |     |     |     |     |                  |       |     |       |     |     |                    |     |      |     |     |        |                        |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |

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|-------------------|-----------------------|----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Gregory A. Stobbs     | Registration No. Attorney/Agent) | 28,764 | Telephone | 248-641-1600 |
| Signature         | <i>Gregory Stobbs</i> |                                  |        | Date      | May 9, 2001  |

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